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# **Humanitarian and Civic Assistance Program**

**By**

**Major Edward S. Loomis, U.S. Army**

**and**

**Major Robert Crowley, U.S. Army**

United States military forces are permitted to carry out humanitarian assistance projects and activities as part of training operations overseas. These deployments are an integral aspect of maintaining a forward U. S. military presence, ensuring operational readiness to respond to crises, and preparing the Reserve Components for their wartime missions. Humanitarian and civic assistance (HCA) activities are conducted in conjunction with authorized military operations and are authorized by 10 USC Section 401.

The humanitarian and civic assistance program is a multipurpose training and engagement tool that supports objectives at the strategic, theater, operational, and tactical levels. Because of their humanitarian nature, HCA deployments serve as low cost, short duration, high impact events that engage host nation militaries, civilian ministries, and local populations in a unique and positive manner.

Such activities must promote the security interests of both the U.S. and the recipient countries, and enhance the specific operational skills of the members of the armed forces who participate. The State Department must approve all HCA initiatives. Humanitarian and civic assistance may not be provided (directly or indirectly) to any individual, group, or organization engaged in military or paramilitary activity.

Typical HCA projects include medical, dental, and veterinary care provided in rural areas, construction of rudimentary surface transport systems, well drilling and construction of basic sanitation facilities, rudimentary construction and repair of public facilities, and other medical and engineering projects. Congress appropriates specific funding to the military departments to support the HCA program.

When properly planned and conducted, they have a tremendous positive impact on the educational and medical infrastructures of an area, and bring U.S. service members in direct contact with thousands of individuals. These factors serve to advance the engagement objectives of both the U.S. country team and the unified command, while providing U.S. forces with unique training opportunities in remote areas. The U. S. Army allocates funds to United States European Command (USEUCOM) and United States Southern Command (USSOUTHCOM) the Navy funds United States Pacific Command (USPACOM); and the United States Air Force funds United States Central Command (USCENTCOM).

On the next page are good examples of HCA projects that have been conducted in areas of responsibility of United States European Command and United States Southern Command.



## USEUCOM

United States Navy construction specialists from Naval Base Rota, Spain deployed to Ghana from March through May 2000 to build a medical and dental clinic with Ghanaian military engineers. The clinic, located in Sekondi, Ghana, was a humanitarian civil assistance initiative authorized under Title 10 U.S. Code. It addressed a need for a modern medical facility for members of the Sekondi community, and was a cooperative effort in its construction between the Ghanaian and American armed forces.

For the Rota-based construction specialists, or SeaBees (so-named because they belong to naval construction battalions or CBs), the deployment was called West Africa Training Cruise 2000 (WATC 00). The executive agent coordinating the deployment on behalf of U.S. European Command was Commander-in-Chief, U.S. Naval Forces, Europe.

The SeaBees' equipment and tools were shipped from Spain in March 2000. Later that month, a small group of sailors led by the project officer-in-charge, Master Chief Petty Officer Thomas D. Gomes, of Taunton, Massachusetts, arrived in Sekondi, served as an advance party to make final preparations with Ghanaian military engineers, and to begin construction with their Ghanaian counterparts.

The main body of sailors arrived in April, and completed the clinic's walls, roof, plumbing and electrical wiring. Through the hard work of the Ghana-U.S. team, the project was completed ahead of the scheduled May 30 completion date. A nationwide strike by Ghanaian nurses while the clinic was under construction increased the already significant goodwill that the American

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sailors and Ghanaian military engineers received from Sekondi residents, and highlighted the benefits of the facility has brought and will bring to their community.

The military objective of WATC 2000 is to provide a U.S. naval presence in littoral west Africa, with objectives of fostering developing democracies and a spirit of cooperation between the naval forces of the U.S. and participating west African countries.

The WATC 2000 deployment was the final phase of WATC 1999. WATC 1999 was a cruise by the USS CARTER HALL to five countries on the west coast of Africa. Deployments and training like WATC 1999 and 2000 build trust and an ability to work together among participating countries' armed forces that can pay dividends should actual crises develop. They also demonstrate United States commitment to Africa.

General Joseph W. Ralston extended his congratulations to the commander and sailors of Naval Construction Battalion One as the unit returned to its homeport in Gulfport, Mississippi. In addition to the Ghana clinic, SeaBees from the unit completed projects in Kosovo, Italy, and Romania during their deployment into the U.S. European Command's 91-country area of responsibility.

## **USSOUTHCOM**

### **Engagement Perspective**

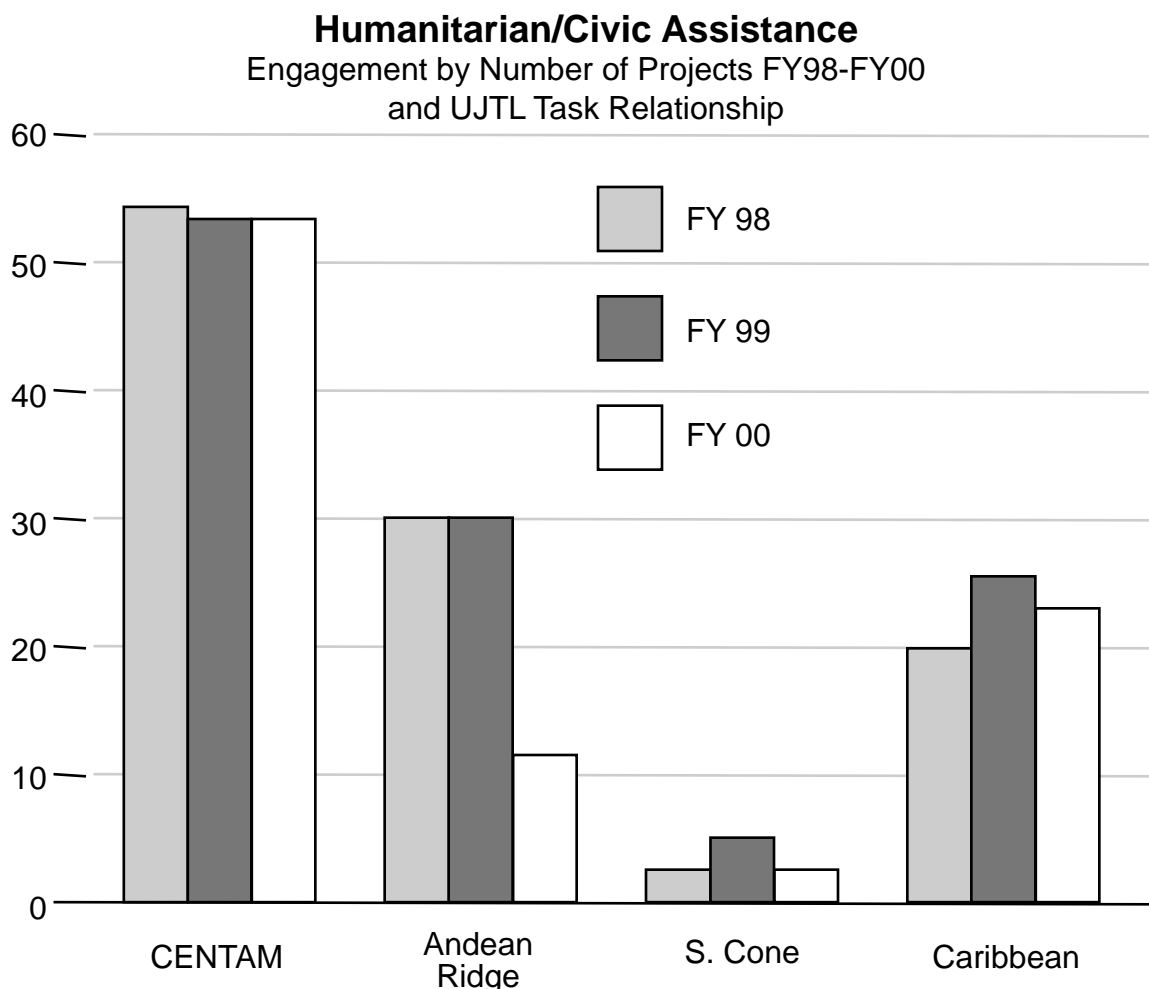
In fiscal year 2001, USSOUTHCOM will sponsor over seventy medical readiness training exercises (Medretes) in thirteen countries. In addition, military units will build thirteen schools, seven medical clinics, and drill over a dozen water wells. Combined, the Medretes will provide medical care to over 200,000 individuals in many cases the only professional medical care they will receive. Typically comprised of a 15-30 person medical element with attached communications, force protection, and limited logistics support, the average medrete will deploy from CONUS for a 14-17 day period to accomplish their mission. Their efforts support the theater engagement plan strategic goal of "a stable, prosperous, democratic region cooperating to achieve mutual interests". In addition six strategic theater tasks from the universal joint task list are accomplished based upon the type of deployment.

From an engagement perspective, the value of the HCA program cannot be overstated. It is not unheard of for a nation's president to individually request HCA projects from the U.S. ambassador or the commander-in-chief (CINC). In so doing, the national governments are recognizing the great value of the program to their economic and social sectors (a project requirement by DoD directive). At the same time, it provides an opportunity for the country team and USSOUTHCOM to constructively engage the military and civilian sectors of the nation in a bilateral exercise in the right place at the right time.

Because of the tremendous amount of visibility HCA missions receive in the host country, maximizing on the impact through coordinated information plans and public affairs efforts is a force multiplier that enhances the operational and strategic-theater objectives of the mission. As an example, a recent Medrete conducted in Paraguay by an Army reserve medical unit treated over 8,000 patients during a ten-day period. The medical treatment was a local event that impacted the host nation at the community level by providing competent care to a rural, underserved population. The community impact, albeit a low-level engagement, is critically

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important as it fosters understanding between the participating militaries and displays U.S. efforts in a positive light. The individuals that received treatment will not forget the U.S. soldiers that helped them, nor will the communities. It is not uncommon for medretes to provide care that saves lives, limbs, or eyesight. The potential long lasting impact of such an event is obvious.



On another level, the front-page national press expansive that the Medrete received served country team objectives by demonstrating to the nation the progress that the host nation and the U.S. together are making in achieving mutual goals. In so doing, the impact of the deployment extends far beyond the 8,000 patients that received treatment. It allows a national audience the opportunity to read about the HCA activities, and the nationally coordinated effort between the ministries of health and ministry of defense. The message is one of coordination, cooperation, and a military subservient to a democratically elected civilian government.

### Civil-Military Significance

Humanitarian and civic assistance deployments, whether they are bi-lateral medretes or Chairman of the Joint Chiefs of Staff exercises that focus on construction of schools and clinics, drilling wells, and improving farm-to-market roads are civil-military operations.<sup>1</sup> As such, they

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rely heavily upon civil affairs to assist in the pre-execution project selection, coordination with host nation military and non-military governmental representatives (normally Ministry of Health and Ministry of Education), and coordination with local community leaders. This coordination is critical to ensuring that the deployment is fully supported from the host nation and that the effort is focused in a location that ensures maximum benefit from the deployed forces. This all follows the nomination and approval of the HCA project, which is coordinated between the host nation ministries, the U.S. country team (MILGP lead with USAID assist), USSOUTHCOM (J3 lead), and DSCA/JCS/DoS.<sup>2</sup>



United States and Peruvians treat a child on a Medrete in the Peruvian Amazon.

Much like the engagement impact, the civil-military aspect is significant at different levels. For the country team, the HCA program can provide opportunities to engage militaries with a non-threatening, benign activity that can further military-to-military relationships and enhance military-to-civilian relationships of host nations. An example is the use of the HCA program in Nicaragua, where a USAF medical detachment conducted a successful pediatric Medrete in mid-1998. Following Hurricane Mitch, an Army reserve component task force deployed to Nicaragua in 1999 to construct clinics, drill water wells, and improve roads. Using HCA as a vehicle, the exercise provided the most significant military to military/civilian activity between the U.S. and Nicaragua since 1979.

Similarly, at the tactical level, the civil-military nature of the HCA program provides opportunities for U.S. forces to coordinate not only with foreign militaries, but also serves as a vehicle to allow those militaries to enhance relationships with their counterparts in other ministries, primarily education and health, and the local populations. By demonstrating their support to the populace, the internal civil-military relations are often improved.

### **Training Value**

The training value to deployed U.S. forces is of statutory importance equal to that of improving host nation economic and social sectors. The HCA projects in USSOUTHCOM are planned by and executed by active and reserve component units from all services. In order to deploy, they must conduct the same planning and meet the same criteria that they would for any other operational deployment. Months are spent in mission planning and individual and collective preparation.



Units must prepare for overseas movement, mobilize, deploy, execute, redeploy, and assess as they would for any mission. The typical HCA mission, however, will have the unit executing in a remote area of Latin America on a bilateral exercise that includes military and civilian participants, with logistics and communications tails that extends thousands of miles back to the United States. The unusual environment forces units to test and revise procedures as appropriate, improvise when necessary, and effectively adapt to an operational environment that provides challenges ranging from terrain and weather to language and cultural differences. Meanwhile, the same collective and individual tasks a unit would normally conduct in a CONUS training environment are trained and assessed.

The HCA program serves as a unique mechanism for collective and individual training. Over 5,000 United States service members a year will directly benefit from the training in Latin America.

### **Humanitarian and Civic Assistance Enhancement Initiatives**

An inherent weakness in the HCA program in terms of improving the economic and social sectors of the host nation is that there is no fiscal authority to equip the public facilities that are constructed, or to follow up with supporting programs that would ensure long-term project sustainability. While this is primarily a host nation responsibility (the projects are handed over to them following completion), in many cases they do not have the resources to adequately get the projects off the ground. While we work in a number of ways to mitigate their shortfalls (e.g., project selection criteria), if the countries had a robust capability to fully operate the facilities, it would obviate the need for the HCA program in terms of economic and social sector improvement.

In order to maximize the viability and sustainability of HCA projects, a three-pronged approach is used. The first prong, project selection criteria, focuses on project viability. In addition to the initial coordination conducted during the project nomination process, detailed project site selection criteria are assessed during the site surveys. Normally, a team consisting of

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U.S. civil affairs, engineers, and medical representatives meets with the country team, representatives from the host nation ministries, and local community leaders. The specific sites are selected based upon considerations such as local foot traffic patterns and water resources assessment for water wells, and the availability of teachers and the number of students not attending school for educational facilities construction. When the tactical site selection is properly completed, the selected site is supportable by the existing social infrastructure and does not conflict with traditional customs or patterns. While not ensuring success, these factors enhance the probability of viable projects in the site selection process.



Constructing a school  
in the Caribbean

The second prong focuses on project sustainability. Partnerships with non-governmental organizations that focus on HCA project enhancement beyond the scope of military capabilities result in benefits to the country team, the participating non-government organizations, and ultimately the communities. This aspect incorporates selected non-governmental organizations to identify and meet community training needs and identifies equipment requirements in order to coordinate donations and delivery. An example of this partnership is the Florida Association of Volunteer Agencies for Caribbean Action (FAVACA) support to the previously mentioned medical clinics in Nicaragua. Following a USSOUTHCOM facilitated site survey and request by the Nicaraguan Ministry of Health, FAVACA sent volunteers to Nicaragua to train the medical professionals who staff the new clinics that were constructed under the HCA program. In fiscal year 2001, they and other organizations are providing training to the communities that receive HCA projects (e.g., training on water well maintenance), and coordinating delivery of donated equipment for the schools and clinics in order for their effective and efficient operation by the host nation. This aspect also supports three operational objectives from the USSOUTHCOM theater enlargement plan.

The third prong is an aggressive assessment program. The USSOUTHCOM assessment program consists of sampling HCA projects in the four sub-areas within the command's areas of responsibility. These assessments, conducted at least two years after project completion, allow the civil affairs staff to make programmatic recommendations to improve the HCA program in the

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long term. The assessments include coordination with USAID and host nation representatives, and assessing the HCA projects in terms of social and economic impact on the host nation, and engineering suitability. A recent assessment to Bolivia resulted in an engineering design change for schools and clinics constructed in hot, dry climates. The change, which improves the project ventilation, will impact all future USAF designs for areas that are within certain climatic parameters.



School before the HCA project.



The same school after the project.



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## Summary

The humanitarian and civic assistance program is a unique and unparalleled mechanism for training forces and impacting host nations. It serves as a flexible engagement tool that yields positive results at community, province, and national levels. When properly planned and executed, the overall impact of an HCA project is maximized, supporting country team and unified command objectives and goals. Likewise, the civil-military aspect is significant at multiple levels. The deployments are training opportunities that allow units to improve their collective and individual skills. With well selected sites, projects that are coupled with non-government organizations as a force multiplier, and execution that is followed up by assessment, the impact of the HCA program on the host nation, and ultimately the United States, is multiplied.

## End Notes

1 JP 1-02 defines civil-military operations as “...planned activities in support of military operations that enhance the relationship between the military forces and civilian authorities and population and which promote the development of favorable emotions, attitudes, or behavior in neutral, friendly, or hostile groups.”

2 Nomination and approval requirements are detailed in DoD Directive 2205.2 and DoD Instruction 2205.3.

## About the Author

Major Robert Crowley, a U.S. Army civil affairs officer, is the humanitarian and civic assistance coordinator and the lead planner for multinational peacekeeping exercises and training in United States Southern Command. His previous assignments include Chief of Current Operations for the Combined-Joint Civil-Military Coordination Center (CJCIMIC) at NATO's Implementation Forces Headquarters, Sarajevo, Bosnia-Herzegovina, in 1996.